

## The Commonwealth of Massachusetts Office of the Comptroller One Ashburton Place, Room 901 Boston, Massachusetts 02108

PHONE (617) 727-5000 FAX (617) 727-2163 www.mass.gov/osc

## **PAYINFO ADMINISTRATOR FORM**

PAYINFO FORM TYPE	☐Add Administrator	☐Delete Administra	tor
DEPARTMENT INFORMATION			
Department Name:  3 Digit Alpha Department Code:			
3 Digit Alpha Department Code.			
PAYINFO ADMINISTRATOR INFORMATION Name:	<u>ON</u>		
Title:	Last	First	MI
Employee ID: Telephone Number:			

## **APPROVAL**

The **Primary Security Officer** must send this form electronically to: <u>MMARSSecurityRequests@osc.state.ma.us</u>